

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## DD GROUP HOME FIRE INSPECTION

Agency:			
Group Home Name and Address:			
Fire Inspection Conducted: <input type="checkbox"/> with Health & Safety Inspection <input type="checkbox"/> Fire Inspection Only			
ITEMS OF INSPECTION	YES	NO	N/A
1. Any repair or correction in last fire report is made or corrected according to report			
2. Fire inspection report available for review at the facility for at least two years			
3. 2A-10-BC fire extinguisher is available and working			
4. Fire extinguisher is serviced every 12 months, tagged with date & servicing co.			
5. Smoke detectors working: bedrooms, rooms & hallways next to bedrooms/kitchen			
6. DDD documentation available identifying any modifications needed for disabled residents			
7. Facility meets needs of any disabled residents per DDD documentation			
8. Sleeping rooms have operable window/door to outside for emergency exit			
9. Usable fireplace covered by protective screen/cover at all times			
10. Combustible/flammable materials not stored within 3 feet of furnace, heater, or water heater			
11. No evidence of unsafe wiring/electrical hazards			
LEVEL II STANDARDS	YES	NO	N/A
1. Emergency lighting system works without in-house electrical power			
2. Lighting system lights path of evacuation, is inspected every 12 mos. x 2 yrs.			
3. Residential sprinkler system installed OR (4)			
4. Two staff on duty at all times & facility has hard-wired fire detection system. I attest that I am an authorized representative of the above agency and there are two staff members on duty at all times when the facility is occupied by any client Signature: _____ Date: _____			
5. Sprinkler or hard-wired system inspected every 12 months			
Corrective Actions Required:			
Provider's Signature:			
Fire Inspector's Signature:		Date:	
<b>Note: Inspection report reflects conditions only on date of inspection.</b>			
Correction(s) Completed: Agency Rep Signature:		Date:	
Note: Submit copy to DHS - FAX: (602) 364-4769			